



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON JAPAN
UNIT 45006
APO AREA PACIFIC 96343-5006



OCONUS REASSIGNMENT QUESTIONNAIRE

NAME:	EMLOYEE ID:	RANK:	UNIT:
DEROS:	PCS ABSENCE REQUEST START DATE:		
CELL PHONE NUMBER:	E-MAIL NIPR:	WORK DSN:	

GENERAL: *Circle one that applies. If not applicable for you circle N/A.*

1. Do you choose to **(A) USE COT TRAVEL** between assignments or **(B) DEFER COT TRAVEL**? _____.
2. Where is your Home of Record **(HOR)**? City & State & Zip Code: _____.
3. Did you previously request an **Early Return of Dependents (ERD)**? ☐ YES ☐ NO
*(if YES) Where did you relocate your dependents? _____.
4. Are you married to a Service Member? ☐ YES ☐ NO.
5. Have you **Acquired a Dependent** after you arrived at your current duty station? ☐ YES ☐ NO ☐ N/A
6. Do your dependents possess a **Valid Passport**? ☐ YES ☐ NO ☐ N/A

LIST OF FAMILY MEMBERS: (PCSing with you).

LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP	Date of Birth YYYYMMDD	LOCATION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



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REMARKS/COMMENTS:

I understand that I must comply with the required documents prior generating my official PCS Travel orders in IPPSA, that I'm giving the right and true information and I must have all reassignment actions requests to Reassignment Section no later than 45 days from my DEROS or I must call to provide status of my actions.

Soldier Signature: _____ Date: _____ YYYY/MM/DD

Note: *This Questionnaire must be fill-out and submitted to Reassignment Section before generating the Official PCS orders.*